Oklahoma City Area Meeting
November 22-23, 1999

Environmental Scan

CONTEXT MAP

Social Trends

- Change in Economic Status
- Using System for Deductions (3rd Party)
- Patient Shopping
- Referring Facility Not Paying Facility – Need better Communication
- Return of Patients To Get Care
- More People Claiming "Indian"
- Recruitment and Retention
- Traditional Medicine
- Increase Patient Population
- Decrease Federal RSSC – Increase in Tribal Spending
- Quality Care – Speed
- Creditability Gap
- Quality of Doctors - $ Not Keeping Up, Patients Less Care, Getting More Than Needed
- More Informed Patients Greater Expectations
- Corporate???
- Increased Life Expectancy
- Personal Care – Patients Expect Higher Level of Care Than Can Be Provided
- Initiatives Not In Sync with Local Level
- Unfunded Mandates
- High Cost Patients

Technology Factors

- Cost of Medical Equipment
- RPMS
- Share Info – Internet
- COTS VS In-house
- Telemedicine
- Change in non-invasive
- Need for Better Training
- Lab Package
- Keeping Up with Technology
- IHS Cost Accounting System
- Equipped for New Technology
- Prime Vendors Internet Ordering
- Improved Documentation
- Electronic Medical Records

Political Factors

- Presidential Mandates – Union
- Frequent Change of Leadership
- Developing Consortia

- 2000 Election
- Lack of Oklahoma Congressional Support
- CR Budget
- Knowledge of How Health Care is Delivered
- Funding
- Inter/Intra Tribal Politics

Economic Climate

- Decrease in 3rd Party Collections
- Using all Collections
- Welfare Reform
- Flat Budget
- Per Capita $
- Increase Employment with Insurance
- Increase Demand for RSSC From Tribes
- Declining Economy of Scale
- Entitlement VS Annual Funding
- HCFA Mandate – IHS Payor 1st Resort
- React to Change
- Tribal Self-Insure Changes Collections
- Loss of Billing for Medicare Plus
- Insurance Claims Denied
- APG/APC's
- Provider Based Billing

Customer Needs (SU/Patients/Tribes)

- Decrease Available Workforce 2 degrees to Increase Employment
- Changes in Job Roles/Effect on Staff
- Redesign Questions
- Cost Effective Staff Training
- Obtaining Input
- Partnerships with I/T/Us
- Increase Communication
- Delegation to Delivery Level
- Increase Patient Friendly Access
- Community Involvement

Competitive Trends

- Compacting/Direct
- "Deductible Meeters"
- Tribes Becoming Active Decision Makers
- Compete with Private Sectors for Payors
- Sooner Care
- 2nd Opinion
- Patient Perception Quality Care vs. Speed
- Patient Choice
- Customer Service
- Total Practice Environment as Recruitment Tool
- Retention of Business Office Staff after Training
- Patient Demand for Specialized Services

- Inflated Pay Some Categories (Housekeeping)
- Change Acute Care to Prevention
- Increase Liability
- Lack of Uniformity in CHS Priorities

Uncertainties

- IHS Core
- Expectation of 90 Day Transfer T1
- Morale
- Funding
- Open Door/Closed Door
- MIS Staffing
- Risk Management
- ? Government Provided Health Care NA/RN
- Wide Variety of Health Services Request
- QOL as Life Expectancy Increases
- Change Environment/Rules
- Regulatory/Accreditation STDs
- Disaster/Emergency Preparedness

SPOT Analysis

Strengths	Problems	Threats	Opportunities/ Priorities
JCC Meeting	Lower collections	Attitude of Oklahoma Congressional delegation	Reorganize and new Area Director (2)
Have common goals	SU /AO communication	Risk management issues	Collaborative approach to problem solving (7)
Knowledgeable, experience, dedicated staff/ I/T/U	Patient load/expectations	Loss of revenue due to exclusion and unfair competitions	Shared services (3)
Ability to do a lot with a little	Funding levels	Patient and customer dissatisfaction (including RSSC)	Community involvement (6)
$2.5 M for Y2K	Slow reaction to change	Low morale due to changing environment (redesign)	Integrate with other systems (3)
Sense of humor	Accessibility to services	EMTALA and OSHA regulations	Joint ventures with outside providers like Sooner Care and Health Wave (15)
IHCIA - recruit better qualified providers / good recruitment / credentialling	Retention of skilled professionals	Staying connected to environment	Develop flexible delivery systems (5)
Timely, motivated, innovative	Multi-Tribal expectations		Develop better marketing technique (12)
Health Summit	Accounting system (CORE)		Sue private HMOs (2)
Wealth and breadth of national experiences	Less training		Be a role model, leader for other Areas (5)
IHS/Tribal hospitals	Lack of personal touch		Gather ideas from Tribes (1)
Access to tertiary care	No pride of ownership (trash and dirty cars)		Develop more external funding sources (4)
Cultural awareness	Competition of private sector staff		Contracting services (2)
Good purchasing system (RSSC)	Complex patient load (chronic and expensive		Education new Administration and

	needs impacts ability to deliver quality care)		Congress (4)
JCAHO accredited	Aging facilities		Creative thinking (2)
Provides continuity of care	Limited space and redesign of existing space		Tools to improve staff efficiency (8)
Comprehensive care i.e. community health, preventive services	Fewer staff		Improve and continue Health Care Summit (3)
Tribal flexibility in program operations	Staff wearing too many hats		Make optimal use of skills available (6)
Experienced in managed care	RPMS system		I/T/U formal partnerships (3)
Adaptability, flexibility	Tracking system		
Nice place to work (lots of challenges)			
Much improved I/T/U relationships			

Brainstorming Ideas How to Raise Revenue

- 3rd party billing (private insurance)
- Full cost recovery of OK staff who consult with other Areas or HQ
- FMCRA (may recover $.5M)
- Participate in pharmaceutical indigent program for prescriptions
- Write proposals for grant funds
- Pay open co-payment
- Establish in-patient billing (i.e. Viking software or RPMS corrections to be able to bill)
- Hire collection agency
- Research what VA does
- Utilize Superbill and Change Master
- Possible PI project to develop flow chart of business plan to check access, process, documentation, and outcomes Bill Tribes for services
- Use HICFA documentation for ER and Surgery Departments
- Coding for more complicated situations
- Pharmacy providers and pharmacy education not able to bill
- CHIP collections
- Access diabetes grant for treatment and prescriptions (Area share is $4.7 million)
- Bill welfare/Medicaid patients
    - Billing system issues (30 - 90 day-prescriptions)
    - Used up punch card
    - Need for real time billing
- Identify patients who are eligible for Medicaid & Medicare, private insurance
- Make SU primary care provider
- Marketing what we have
- Unbundle benefits (i.e. OB benefits/Sooner Care)
- Litigate against private HMOs or negotiate to be in the network
- Regional price lists (private lists, Claremore)
- Machines that automatically bill and manage inventory of drugs
- Change location and partner with other providers for certain services
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How To Make This a WOW Project

Designing PI Project to enhance revenue, reduce costs, become more efficient, and manage finances better.

1. Flow chart the current process focusing on the following elements:
    - Identify who is eligible for Medicaid, CHIP, Medicare, private insurance
    - Contract or internal employees provide billing services
    - Charge Master
    - Superbill
    - HICFA documentation
    - Coding for complex situations
    - In-patient billing
    - Regional price lists
    - Itemize billing
    - Follow-up on collections
    - Unbundle benefits (i.e. OB visits and Sooner care)
    - 30 - 90 day prescription recommendations
2. Research gold standard for billing practices (Mary Beaver)
3. Check on recommendations that have been made by Profile (Mary Beaver)
4. Identify barriers and opportunities
5. Action plan to reduce barriers and increase revenues
6. Check to see whether action plan made a difference